

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Carlie 42687

State File No. \_\_\_\_\_

Registrar's No. 275

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Birdie Hope Finley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Walker H. Finley 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan. 22 1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 3 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Hedgeman Warren  
13. Birthplace Pettis Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Irena Jane Jamerson  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Walker H. Finley  
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 12/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) 12/27/41 (b) Dr. Anna Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1227 So. Stewart  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1941 hour 7.45 minute P M.

21. I hereby certify that I attended the deceased from Dec 21 1941, to Dec 25 1941;  
that I last saw him alive on Dec 25 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Left lobe Pneumonia Duration 4 days  
Due to Influenza Chronic myocarditis 5 days  
Due to \_\_\_\_\_ ?

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None 336  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 10  
23. Signature Dr. Anna Berger (M. D. or other)  
Address Sedalia, Mo. Date signed 12-27-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 1-14-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....  
*Geo. Dillard*

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**